

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

Harriet Menezes

COURT CASE NUMBER

04-10365 JLT

DEFENDANT

Sue Cook

TYPE OF PROCESS

*STC***SERVE**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Sue Cook

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

*Association of Flight Attendants, 122 Harborside Drive, Bldg. 62
East Boston MA 02128***AT**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

*Harriet Menezes
169 Thoreau St, 8
Concord MA 01742*

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

*Alternate address
Sue Cook, Assoc. of Flight Attendants
Term C
Logan International Airport
Boston, MA 02128**Phone: (617) 567-5560**Sue Cook is a flight attendant at United, and also works for Assoc. of Flight Attendants*

Signature of Attorney or other Originator requesting service on behalf of:

Harriet Menezes☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

(978) 369-4693

DATE

*7/26/04***SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

*1*District of Origin
No. *38*District to Serve
No. *38*

Signature of Authorized USMS Deputy or Clerk

Nancy Salame

Date

*7/26/04*I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

** please msg left for def.
to call back, Dasm believes
sic regarding soc. 7/26*☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.Date of Service Time *11:05* am

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

*7/27/04 - ABOVE ADDRESS NO GOOD FOR SERVICE**603-661-6111 OF PROCESS - RETURN UNEXECUTED
894-6184 8/17 make manual inquiries left for phone msg
894-5502 603# can't connect w/ an address*PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)